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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2008

MONSUR AHMAD 965 MOON LAKE DRIVE NAPLES, FL 34104

SUBJECT: ASSET 360 MANAGEMENT, LLC Ref. Number: W08000019801

We have received your document for ASSET 360 MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 208A00028521

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

#### ASSET 360 MANAGEMENT, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

#### Mailing Address:

MOON LAKE DONG

965 MOON LAKE DRIVE	
NAPLES	
FL 34104	

NAPLES		
FL 34104	 	 

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

#### MONSUR AHMAD

Name

#### 965 MOON LAKE DRIVE

Florida street address (P.O. Box NOT acceptable)

FL34104 City, State, and Zip NAPLES

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REOLJIRED)

(CONTINUED) Page 1 of 2

**FILE** 

### S'ATTENTION: Marcsha Thomas

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

#### <u>Title:</u>

#### Name and Address:

IONSUR AHMAD

"MGR" = Manager "MGRM" = Managing Member

MORM

MGR

MGR

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NAPLES FL34104	PEC	HAY
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1835 GARDNER PARK CT.		PH
LAWRENCEVILLE, GA 30048	D <sup>Th</sup>	
	<u> G</u>	Ę.
ALAM CHOWDHURY	5a	ц С
75 JORDAN DRIVE	· · ·	
LAWRENCEVILLE, GA 30044		

(Use attachment if necessary) ----

ARTICLE V: Effective date, if other than the date of filing: <u>OURE/2028</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

#### REQUIRED SIGNATURE:

Signature of a member or an anthorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

#### MONSUR AHMAD

Typed or printed name of signee

#### Filling Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)